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## NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

12/02/2004

EXAMINER

Ciena Corporation Legal Department 1201 Winterson Road

Linthicum, MD 21090

CHERRY, EUNCHA P

PAPER NUMBER

ART UNIT

DATE MAILED: 12/02/2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR   | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|------------------------|---------------------|------------------|
| 09/592,393      | 06/13/2000  | William Keith Chandler | CNA-018-DIV         | 7087             |

TITLE OF INVENTION: PRECISION CONTINUOUS SURFACE GUIDED OPTICAL MODULE CARRIER AND METHOD OF USING SAME

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1370    | \$0             | \$1370           | 03/02/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATEN <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHT THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPO PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM TH MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THE STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOV REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (O AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WIL BE REGARDED AS ABANDONED.

## HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

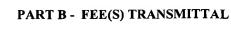
A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is n claiming SMALL ENTITY status, check box 5a on Part B - Fee Transmittal and pay the PUBLICATION FEE (if required) and 1 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) w your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISS Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address |
| indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS"      |
| maintenance fee notifications.                                                                                                                                         |

| indicated unless corrected maintenance fee notification                                                                                                                                                                                                                                                                                                                                                                                        | below or directed otherwise                              | in Block 1, by (a                                | specifying                                                                                                                                                                                                                                                                                            | a new correspondence a                                                                                                                       | ddress; and/or (b) indicating a sep                                          | arate "FEE ADDRESS"                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompa                                                                                                                                                                                                               |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| 7590 12/02/2004                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       | papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.               |                                                                              |                                                     |  |
| Ciena Corporation Certificate of Mailing or Transmission                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              | smission                                            |  |
| Legal Department                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       | States Postal Se                                                                                                                             | rvice with sufficient postage for fi                                         | rst class mail in an envel                          |  |
| 1201 Winterson Ro<br>Linthicum, MD 21                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                  | I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below. |                                                                                                                                              |                                                                              |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              | (Depositor's na                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              | (Signat                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              | (D                                                  |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                              |                                                  | FIRST NAME                                                                                                                                                                                                                                                                                            | D INVENTOR                                                                                                                                   | ATTORNEY DOCKET NO.                                                          | CONFIRMATION NO.                                    |  |
| 09/592,393                                                                                                                                                                                                                                                                                                                                                                                                                                     | 06/13/2000                                               |                                                  | William Kei                                                                                                                                                                                                                                                                                           | ith Chandler                                                                                                                                 | CNA-018-DIV                                                                  | 7087                                                |  |
| TITLE OF INVENTION: P                                                                                                                                                                                                                                                                                                                                                                                                                          | RECISION CONTINUOUS                                      | SURFACE GUID                                     | ED OPTICAI                                                                                                                                                                                                                                                                                            | L MODULE CARRIER                                                                                                                             | AND METHOD OF USING SAME                                                     | Ξ                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                    | SMALL ENTITY                                             | ISSUE FI                                         | EE                                                                                                                                                                                                                                                                                                    | PUBLICATION FEE                                                                                                                              | TOTAL FEE(S) DUE                                                             | DATE DUE                                            |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO                                                       | \$1370                                           | )                                                                                                                                                                                                                                                                                                     | \$0                                                                                                                                          | \$1370                                                                       | 03/02/2005                                          |  |
| EXAMINER ART                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          | ART UN                                           | IT                                                                                                                                                                                                                                                                                                    | CLASS-SUBCLASS                                                                                                                               |                                                                              |                                                     |  |
| CHERRY,                                                                                                                                                                                                                                                                                                                                                                                                                                        | EUNCHA P                                                 | 2872                                             |                                                                                                                                                                                                                                                                                                       | 700-115000                                                                                                                                   |                                                                              |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                | e address or indication of "Fe                           | ee Address" (37                                  | 2. For prin                                                                                                                                                                                                                                                                                           | ting on the patent front p                                                                                                                   | age, list                                                                    |                                                     |  |
| CFR 1.363).  Change of correspond                                                                                                                                                                                                                                                                                                                                                                                                              | lence address (or Change of )                            | Correspondence                                   | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,                                                                                                                                                                                                                     |                                                                                                                                              |                                                                              |                                                     |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                  | (2) the fidine of a shighe fifth (having as a member a                                                                                                                                                                                                                                                |                                                                                                                                              |                                                                              |                                                     |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registe                                                                                                                                                                                                                                                                                                          |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                              |                                                     |  |
| Number is required.  3 ASSIGNEE NAME AND                                                                                                                                                                                                                                                                                                                                                                                                       | RESIDENCE DATA TO B                                      | E DRINTED ON T                                   |                                                                                                                                                                                                                                                                                                       | <u>.</u>                                                                                                                                     |                                                                              |                                                     |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed                                                                                                                                                                                              |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.                                                                                                                                                                                                                                                                                                                                 |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Governm  4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):                                                                                                                                                                                                                 |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| ☐ Issue Fee                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          | A check in the amount of the fee(s) is enclosed. |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| Publication Fee (No small entity discount permitted)                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |                                                  | Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                    |                                                                                                                                              |                                                                              |                                                     |  |
| Advance Order - # of                                                                                                                                                                                                                                                                                                                                                                                                                           | Copies                                                   | <del></del>                                      | The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number (enclose an extra copy of this form).                                                                                                                                               |                                                                                                                                              |                                                                              |                                                     |  |
| 5. Change in Entity Status                                                                                                                                                                                                                                                                                                                                                                                                                     | (from status indicated above                             | )                                                |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              | (                                                                            |                                                     |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).                                                                                                                                                                                                                                                                                                      |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part nterest as shown by the records of the United States Patent and Trademark Office. |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                           | Authorized Signature Date                                |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                                                  |                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                              |                                                     |  |
| This collection of information application. Confidentiali                                                                                                                                                                                                                                                                                                                                                                                      | on is required by 37 CFR 1.3 ty is governed by 35 U.S.C. | 11. The information 122 and 37 CFR 1             | n is required to                                                                                                                                                                                                                                                                                      | to obtain or retain a bene<br>lection is estimated to ta                                                                                     | fit by the public which is to file (an<br>ke 12 minutes to complete, includi | nd by the USPTO to proc<br>ng gathering, preparing, |  |

an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

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## UNITED STATES PATENT AND TRADEMARK OFFICE



UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.   | FILING DATE | FIRST NAMED INVENTOR   | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
|-------------------|-------------|------------------------|-------------------------|------------------|--|
| 09/592,393        | 06/13/2000  | William Keith Chandler | CNA-018-DIV             | 7087             |  |
| 75                | 12/02/2004  |                        | EXAM                    | INER             |  |
| Ciena Corporation |             |                        | CHERRY, E               | CHERRY, EUNCHA P |  |
| Legal Department  |             |                        |                         |                  |  |
| 1201 Winterson Ro | oad         |                        | ART UNIT                | PAPER NUMBER     |  |
| Linthicum, MD 21  | 090         |                        | 2872                    |                  |  |
|                   |             |                        | DATE MAILED: 12/02/2004 | 1                |  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after t mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a ha months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date th determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retriev (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.

|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                 |                                                      | 018                       |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                              | Application No.                                                                                                                                                                                 | Applicant(s)                                         | -                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                              | 09/592,393                                                                                                                                                                                      | CHANDLER ET AL.                                      |                           |  |  |  |
| Notice of Allowability                                                                                                                                                                                                                                                                                                                                       | Examiner                                                                                                                                                                                        | Art Unit                                             |                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                              | EUNCHA P. CHERRY                                                                                                                                                                                | 2872                                                 |                           |  |  |  |
| The MAILING DATE of this communication appearance All claims being allowable, PROSECUTION ON THE MERITS IS herewith (or previously mailed), a Notice of Allowance (PTOL-85) NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RI of the Office or upon petition by the applicant. See 37 CFR 1.313                                                             | (OR REMAINS) CLOSED in this app<br>or other appropriate communication<br>IGHTS. This application is subject to                                                                                  | plication. If not include<br>will be mailed in due   | ed<br>course. <b>THIS</b> |  |  |  |
| 1. This communication is responsive to <u>an amendment filed or</u>                                                                                                                                                                                                                                                                                          | <u>on 5/10/04</u> .                                                                                                                                                                             |                                                      |                           |  |  |  |
| 2. The allowed claim(s) is/are <u>11,13-15 and 23-25</u> .                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                 |                                                      |                           |  |  |  |
| 3. The drawings filed on 13 June 2000 are accepted by the E                                                                                                                                                                                                                                                                                                  | xaminer.                                                                                                                                                                                        |                                                      |                           |  |  |  |
| 4. ☐ Acknowledgment is made of a claim for foreign priority una) ☐ All b) ☐ Some* c) ☐ None of the:  1. ☐ Certified copies of the priority documents have 2. ☐ Certified copies of the priority documents have 3. ☐ Copies of the certified copies of the priority documents have International Bureau (PCT Rule 17.2(a)).  * Certified copies not received: | been received. been received in Application No cuments have been received in this i                                                                                                             | national stage applica                               |                           |  |  |  |
| Applicant has THREE MONTHS FROM THE "MAILING DATE" on noted below. Failure to timely comply will result in ABANDONM THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.                                                                                                                                                                                               |                                                                                                                                                                                                 | complying with the rec                               | Juirements                |  |  |  |
| 5. A SUBSTITUTE OATH OR DECLARATION must be submit INFORMAL PATENT APPLICATION (PTO-152) which give                                                                                                                                                                                                                                                          |                                                                                                                                                                                                 |                                                      | OTICE OF                  |  |  |  |
| 6. CORRECTED DRAWINGS (as "replacement sheets") mus                                                                                                                                                                                                                                                                                                          | st be submitted.                                                                                                                                                                                |                                                      |                           |  |  |  |
| (a) ☐ including changes required by the Notice of Draftspers                                                                                                                                                                                                                                                                                                 | on's Patent Drawing Review (PTO-                                                                                                                                                                | 948) attached                                        |                           |  |  |  |
| 1) 🗌 hereto or 2) 🗍 to Paper No./Mail Date                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                 |                                                      |                           |  |  |  |
| (b) including changes required by the attached Examiner's<br>Paper No./Mail Date                                                                                                                                                                                                                                                                             | s Amendment / Comment or in the O                                                                                                                                                               | office action of                                     |                           |  |  |  |
| Identifying indicia such as the application number (see 37 CFR 1, each sheet. Replacement sheet(s) should be labeled as such in the                                                                                                                                                                                                                          |                                                                                                                                                                                                 |                                                      | back) of                  |  |  |  |
| 7. DEPOSIT OF and/or INFORMATION about the deposit attached Examiner's comment regarding REQUIREMENT I                                                                                                                                                                                                                                                       | 7. DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL. |                                                      |                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                 |                                                      | •                         |  |  |  |
| Attachment(s)  1. Notice of References Cited (PTO-892)  2. Notice of Draftperson's Patent Drawing Review (PTO-948)                                                                                                                                                                                                                                           | 5. ☐ Notice of Informal P 6. ☐ Interview Summary                                                                                                                                                | (PTO-413),                                           | <b>)-152)</b>             |  |  |  |
| 3. Information Disclosure Statements (PTO-1449 or PTO/SB/0 Paper No./Mail Date                                                                                                                                                                                                                                                                               | Paper No./Mail Dat<br>8), 7. ☐ Examiner's Amendn                                                                                                                                                |                                                      |                           |  |  |  |
| 4. Examiner's Comment Regarding Requirement for Deposit of Biological Material                                                                                                                                                                                                                                                                               | 8.  Examiner's Stateme                                                                                                                                                                          | EUNCHA P. CHER<br>Primary Examiner<br>Art Unit: 2872 |                           |  |  |  |